

**RCSL City Meet permission/waiver**

\_\_\_\_\_ (parent) gives full permission and consent for their child \_\_\_\_\_ to participate in all activities of the Rocket City Swim League (RCSL) City Meet including practice, swim meets, diving, and meetings. I understand that the RSCL City Meet is elective, and, therefore, because my child has chosen to participate in the RCSL City Meet, I further agree:

1. I authorize the Coaches, Teachers, employees, or Huntsville Natatorium Pool LifeGuards thru medical professionals of their own choice, to obtain any medical emergency care that may become reasonably necessary for the child in the course of activities or practice of the RCSL City Meet.
2. I accept responsibility for payment of all medical bills, including, but not limited to charges for doctors, ambulance, hospitals, drugs, or legal which your child may incur by reason of participation in such activities of RCSL City Meet.
3. I waive any claims or cause of action against RCSL and its Coaches, Teachers, & employees, AND/or, action against the City of Huntsville, and/or the Rocket City Swim League (RCSL) which may arise by reason of injury to my child because of participation. I also agree that Coaches, Teachers, employees, LifeGuards, and other members of, RCSL, or the City of Huntsville are released and forever acquitted from any and all claims of liability to me or my child, or both, for injuries sustained by my child because of such participation.
4. My child is insured with \_\_\_\_\_ policy # \_\_\_\_\_, and I agree to maintain this coverage for the tenure of his/her participation with RCSL activities.
5. If my child is not covered by medical insurance, I agree & understand that I will be fully responsible for payment of any medical bills that may incur by reason of participation in such RCSL activities. (Note: refer to item #2)
6. I understand that RCSL are non-profit organizations and do not offer any type of insurance for my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work or Cell Phone # \_\_\_\_\_